SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: $370

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 11 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L85974** **(8)**

1. Corporation Name
SHREDTEX INC.

Principal Place of Business	Mailing Address
225 SE 15TH TER DEERFIELD BEACH FL 33441-4420	225 SE 15TH TER DEERFIELD BEACH FL 33441-4420

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/03/1990
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business	2a. Mailing Address
21 766 Larrimore Rd.	26 766 Larrimore Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pahokee, FL	City & State 28 Pahokee, FL
Zip 24 33476-1320 Country 25 Palm Beach	Zip 29 33476-1320 Country 30 Palm Beach

4. FEI Number: 65-0210721 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OWENS, JAMES D. 225 SE 15TH TER DEERFIELD BEACH FL 33441	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 766 Larrimore Rd. 84 City Pahokee FL 85 Zip Code 33476

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	OWENS, JAMES D	1.2 NAME	
STREET ADDRESS	225 SE 15TH TER	1.3 STREET ADDRESS	766 Larrimore Rd.
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	Pahokee, FL 33476
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	OWENS, L H	2.2 NAME	
STREET ADDRESS	225 SE 15TH TER	2.3 STREET ADDRESS	766 Larrimore Rd.
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	Pahokee, FL 33476
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James D Owens 7/6/95 (407) 924-2089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James D. Owens

0045173 CP